

ATTN: Michigan Certified Lead Abatement Contactors

Dear Lead Abatement Contractor:

Thank you for your recent interest in becoming an approved vendor to bid on our Lead Hazard Remediation Program (LHRP) projects.

Enclosed, please find the application and participation agreement to complete this process. Upon submission to our office, your application will be reviewed and you will be informed within approximately 2 weeks as to whether your company has been approved to bid on LHRP projects. If approved, your company will be informed on a periodic basis of upcoming pre-bid walkthroughs and may begin attending these walk-throughs immediately.

When submitting this application to our office, please be sure to include all attachments, including a current copy of your State of Michigan Contractor's License, a copy of your current insurance policy, a copy of your current Lead Abatement Contractor's Certification and copies of all employee's lead certifications. Please also remember to sign the application, as well as the Contractor Participation Agreement. Please return all materials to:

Lead Hazard Remediation Program
PO Box 30195
Lansing, MI 48909
ATTN: Carin Reck

If you have any questions, please do not hesitate to contact our office at (517) 335-9390. Thank you again for your interest and we look forward to working with you in the future.

Sincerely,

Wesley F. Priem, Manager
Lead Hazard Remediation Program

Michigan Department of Community Health, Lead Hazard Remediation Program
3423 N. Martin Luther King, Jr. Blvd. PO Box 30195, Lansing, MI 48909
Telephone (517) 335-9390 Fax (517) 335-8800

CONTRACTOR APPLICATION

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COMPANY INFORMATION			
Company Name (Please Print):			
Address:			
City, State and ZIP:			
Telephone:		Fax:	
Corporation <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	
PRINCIPALS OF FIRM			
Name:		Title:	
SS#:			
Home Address:			
City, State and ZIP:			
Name:		Title:	
SS#			
Home Address:			
City, State and ZIP:			
HISTORY OF THE COMPANY			
Number of Years in Business: _____		Number of Employees: _____	
Contractor's Residential License No. _____ <i>(Please provide a copy of license)</i>			
Have you ever had your contractor's license revoked? Yes No <i>(Please circle one)</i>			
If yes, please give details:			
Type of trade (s) performed:			
1. _____			
2. _____			
3. _____			
4. _____			
AMOUNT OF INSURANCE CARRIED <i>(Below is the minimum that must be carried)</i>			
Property Damage Ins., \$1,000,000 limit			<input type="checkbox"/>
"Occurrence" Public Liability Ins. specifically covering lead-related work, \$1,000,000			<input type="checkbox"/>
General Liability Ins., \$1,000,000			<input type="checkbox"/>



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**List at least five references of projects in excess of \$10,000
that you have completed within the last two years.**

1. Homeowner's Name:	Telephone:
Project Address:	Date Completed:
Type of Work Completed:	
2. Homeowner's Name:	Telephone:
Project Address:	Date Completed:
Type of Work Completed:	
3. Homeowner's Name:	Telephone:
Project Address:	Date Completed:
Type of Work Completed:	
4. Homeowner's Name:	Telephone:
Project Address:	Date Completed:
Type of Work Completed:	
5. Homeowner's Name:	Telephone:
Project Address:	Date Completed:
Type of Work Completed:	



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FINANCIAL REFERENCES
Suppliers: <i>Please provide three references from material suppliers</i>
1.
2.
3.
Banks: <i>Please provide at least one reference from a lender that you do business with frequently</i>
Financial Statement: <i>Please provide a business financial statement</i>
<i>I/We hereby authorize the Michigan Department of Community Health, Lead Hazard Remediation Program to verify all information provided in this application, and further authorize the program to obtain a copy of my/our credit report.</i>
<i>Signed:</i> _____ <i>Date:</i> _____

Required Attachments:

- CURRENT COPY OF YOUR STATE OF MICHIGAN CONTRACTOR'S LICENSE
- CURRENT COPY OF YOUR INSURANCE POLICY
- CURRENT COPY OF YOUR LEAD ABATEMENT CONTRACTOR'S CERTIFICATION
- A COPY OF EMPLOYEE'S LEAD CERTIFICATION (S)



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CONTRACTOR PARTICIPATION AGREEMENT

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The undersigned contractor, as a participant in the Lead Hazard Remediation Program agrees to abide by the following terms and conditions:

- **CUSTOMER SATISFACTION**

The contractor agrees to commit to total customer satisfaction within the scope or the established written contract, inclusive of the following practices:

1. Maintaining close communication with the homeowner so that the homeowner plays an integral part in the abatement process.
2. Prompt response to any warranty follow-up request to investigate the nature and cause of possible defective materials and/or workmanship.
3. Maintaining an 18-month workmanship warranty on each Lead Hazard Remediation Program project completed.

- **CONSTRUCTION PRACTICES AND STANDARDS**

The contractor agrees to manage all Lead Hazard Remediation Projects at the highest standards possible, inclusive of the following:

1. To maintain property damage and liability insurance specifically cover lead-related work.
2. To provide and maintain good job supervision over employees and sub-contractors.
3. Total commitment to quality workmanship and material.
4. To maintain a safe working environment for the customers and crews.
5. Commitment to the Minority/Women-owner Business Enterprise Policy.
6. To follow all provisions in the OSHA Construction Industry Standards specifically related to working with a regulated, hazardous substance, including the development and usage of a hazard communication program, respiratory usage program, medical surveillance program and other safety policies.
7. To follow the provisions set forth in the Michigan Lead Abatement Act (MCL 333.5451-5477)

- **BIDDING REGULATIONS**

The contractor agrees to follow Lead Hazard Remediation Program bid requirements within the program's project specifications and departmental purchase orders and abide by bid regulations which may lead to limiting the number of projects awarded at any one time based in part on the following criteria:

1. The contractor's financial capacity to perform multiple projects.
2. Evaluation of the contractor's performance by program representatives and homeowners
3. The discretionary authority of the Lead Hazard Remediation Program Manager.

NAME

SIGNED

COMPANY

DATE

Michigan Department of Community Health, Lead Hazard Remediation Program
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